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CENTRAL INTELLIGENCE AGENCY  
Washington, D. C.

Dear

The Report of Medical History (AF-89) completed by you for this Agency indicates a history of the following:

More information in regard to the above condition(s) is required for proper medical evaluation. Will you please submit your own account of the medical history of this case in as much detail as possible, including the names and present addresses of the doctors who treated you and the approximate dates you were under their care.

\*You are assured that this material will be considered as confidential medical information. For this purpose an envelope is included which is addressed to the Chief of the Medical Office. Your reply should be enclosed in this envelope, sealed, and then placed within the envelope addressed to the Personnel Division for mailing.\*

This information should be submitted as soon as possible so that the processing of your application will not be delayed.

Very truly yours,

For cases of PD (C) . . . . . [REDACTED]  
Chief, Personnel Division

STATINTL

For cases of PD (O) . . . . . [REDACTED]  
Chief, Personnel Division

STATINTL

(Reference Item 7 b, Form 37-163, dated Feb. 1953)